

UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF NEW JERSEY

_____, Full name of Plaintiff	: : : : : : :	SOCIAL SECURITY COMPLAINT  Civil NO. _____ (To be supplied by the Clerk of the District Court)
vs.		
Secretary of Department of Health and Human Services of the United States,		

1. The plaintiff, \_\_\_\_\_, whose Social Security No. is \_\_\_\_\_,  
is a citizen of the County of \_\_\_\_\_, State of New Jersey, residing at \_\_\_\_\_.

2. The defendant is the Secretary of Department of Health and Human Services of the  
United States and at the time heretofore and hereafter mentioned was in the exercise of  
his duties as such.

3. This action is being brought under the provisions of Title 42 U.S.C.A. Section 405  
(g) together with Title 5, U.S.C.A. Section 706 to review a final decision of the defendant  
herein.

4. Statement of Claim: State here as briefly as possible the facts of your case. (Use as  
much space as you need. Attach extra sheets if necessary).

5. The finding of the defendant that the plaintiff is not entitled to benefits is erroneous.

Wherefore, plaintiff prays that the decision of the Secretary be reversed and the plaintiff be awarded benefits under the provisions of the Social Security Act.

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Signature of the Plaintiff